



Application No.: 09/808,957

Docket No.: SON-2050

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Hisao HAYASHI

Confirmation No.: 5303

Application No.: 09/808,957

Art Unit: 2822

Filed: March 16, 2001

Examiner: M. Lewis

For: THIN FILM SEMICONDUCTOR DEVICE  
AND MANUFACTURING METHOD  
THEREOF

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated February 13, 2004, finally rejecting claims 22-28, 31-37 and 40-49, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

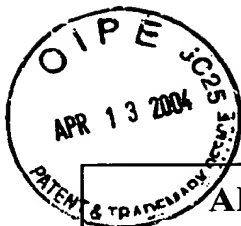
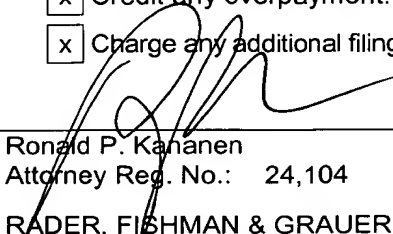


Image  
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AMENDMENT TRANSMITTAL LETTER				Docket No. SON-2050	
Application No. 09/808,957-Conf. #5303		Filing Date March 16, 2001		Examiner M. Lewis	
				Art Unit 2822	
Applicant(s): Hisao Hayashi					
Invention: THIN FILM SEMICONDUCTOR DEVICE AND MANUFACTURING METHOD THEREOF					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 28 =		x	
Independent Claims	3	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Ronald P. Kananen Attorney Reg. No.: 24,104  RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750				Dated: <u>April 13, 2004</u>	